2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

DOCUMENT # P03000119962 1. Entity Name FIDELITY AIR INC.						Secretary of St			of Sta	
Principal Plac		s	Mailing Address		· · · · · · · · · · · · · · · · · · ·]				
680 CORAL 1 DELRAY BEA		45	680 CORAL WAY Delray Beach, Fl. 33445							
	,		,,,,,			 	II PRIBRUMU BRUU BRUU BR		BALB ABAK BAHB 121	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04162008	Chg-P	CR2E	034 (12/06)	
City & State			City & State			4. FEI Numb				plied For at Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired S8.75 Additk Fee Required				
6. Name and Address of Current R			legistered Agent			7. Name an	d Address of New	Registered		-
ANTENOF	R, PHONIC	,		Name						
680 CORA	L WAY	1 1 1		Street Address (eet Address (P.O. Box Number is Not Acceptable)					
DELRAY BEACH, FL 33445				• •						
		<u>-</u>			City			FL	Zip Cod	ė
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	Ë: Registere	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	PVST	R, PHONIC	☐ Delete	TITLE NAM					☐ Change	Addition
STREET ADDRESS	680 COR	AL WAY		STRE	ET ADDRESS					
CITY-ST-ZIP	DELRAY VP	BEACH, FL 33445	∏ Palata	- ST-ZIP -				☐ Change	☐ Addition	
NAME	ANTENO	R, WILDA	☐ Delete	TITLE NAM			- H0000	091764		Addition
STREET ADDRESS CITY-ST-ZIP	1				ET ADORESS -ST-ZIP				. 025 15	0.88
TITLE			☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME STREET ADDRESS				NAMI STRE	E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME			☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS					ET ADORESS					
CITY-ST-ZIP TITLE			☐ Delete	CITY- TITLE	-ST-ZIP				Change	- Addition
NAME			L Detete	NAMI					☐ Change	☐ Addition
STREET ADDRESS City-St-ZIP					et address - St-Zip					
TITLE			☐ Detete	TITLE	l l				☐ Change	Addition
NAME STREET ADDRESS				nam! Stre	E Et adoress					
CITY-ST-ZIP				CITY-	-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE TOMC, KNEWER 4-22-08										
	J	SIGNATURE AND TYPED OR PI	NINTED NAME OF BIGNING OFFICER	OR DIRECT	OR		Date		aytime Phone #	